

## Correspondence

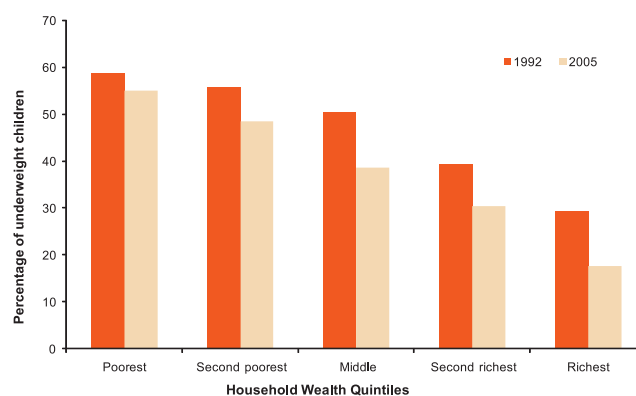
### Economic growth & health of poor children in India

Sir,

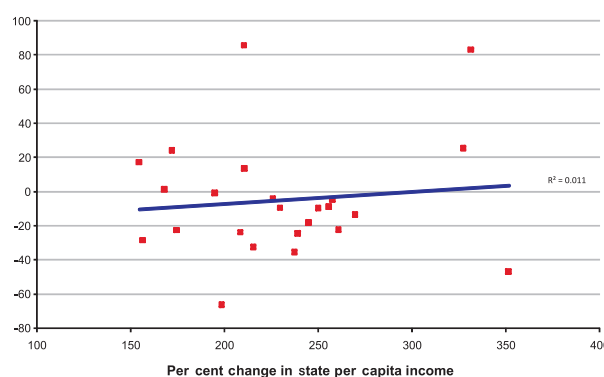
The prevailing wisdom to improve the health of Indians, as repeatedly emphasized by the Prime Minister of India Dr Manmohan Singh<sup>1</sup>, is based on economic growth. Can India rely solely on the trickle-down process of economic growth to improve the health of its population, especially its children from socio-economically disadvantaged backgrounds? India experienced substantial economic growth with an average growth rate of 6.4 per cent between 1992/93 and 2005/06<sup>2</sup>, with approximately a 50 per cent increase in its growth rate. During the same time, the decrease in the prevalence of underweight among children was sluggish with negligible reductions especially in the poorest quintile of household wealth (Fig. 1). At the ecological level, there was no association between per cent increase in per capita income of the state and per cent change in underweight among children in the poorest wealth quintile (Fig. 2). This appears to be in line with a recently published study<sup>3</sup> that examined and found no effect of economic growth on the child's risk of being undernourished in data pooled across all wealth quintiles.

As the economist-philosopher Amartya Sen continues to remind us, economic growth is neither a necessary nor a sufficient condition to improve population health<sup>4</sup>. The discussion of the merits of economic growth as a primary policy instrument to improving the health of the poor has to also consider the questions of what type of economic growth is needed, *i.e.*, is the process generating growth 'inclusive' involving and benefiting all sections (especially its poorer citizens) of the society; *and* how are the anticipated increases in public revenue that accrues as a result of economic growth being allocated to different programmes? Existing evidence for an inclusive economic growth<sup>5</sup>, or for increased public spending on health<sup>6</sup>, in India

is, however, not encouraging. Taken together, the evidence suggests that sole reliance on economic growth as a policy instrument may not be sufficient



**Fig. 1.** Weighted prevalence of underweight among Indian children aged 0 to 36 months by quintiles of household wealth in 1992/93 and 2005/06. *Source:* Authors' calculation using data from the Indian National Family Health Surveys of 1992-93<sup>8</sup> and 2004-05<sup>9</sup>.



**Fig. 2.** State level ecological association between per cent increase in state per capita income and per cent change in child underweight prevalence between 1992/93 and 2005/06 among Indian children aged 0 to 36 months in the poorest wealth quintiles. *Source:* Authors' calculation using data from the Indian National Family Health Surveys of 1992-93<sup>8</sup> and 2004-05<sup>9</sup>. Rate of change calculated using formula: [(value in 2004-05 minus value in 1992-93) / value in 1992-93] and expressed as a percentage.

to reduce the burden of poor health among children from disadvantaged households in India. Simultaneous and direct health investments may be necessary to reduce the high levels of child undernutrition in India, especially given the strong intergenerational effects of poor nutrition in India<sup>6</sup>.

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